

**Individual Membership Application**

Enroll me as a member of the New Jersey League for Nursing

**(Please Note: Membership in the National League for Nursing (NLN) does not make you a member of the New Jersey League.**

**PLEASE PRINT:**

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

HOME E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_

WORK E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

**DUES:** ( ) \$ 75 INDIVIDUAL MEMBER

**I would like to make an additional donation to NJLN. Contributions of any amount will help support the mission and goals of NJLN. ( All contributions are tax deductible as allowed by law.)**

( ) \$ 15 ( ) \$ 25 ( ) \$ 50 ( ) \$ 100 ( ) \$ \_\_\_\_\_ other amount

Total Amount of Check or Credit Charge: \$ \_\_\_\_\_

( ) Check enclosed payable to: "NJLN"

( ) Charge to: ( ) Visa ( ) Mastercard ( ) American Express

ACCT: # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security Code (required): \_\_\_\_\_ Print Name on Card: \_\_\_\_\_

Credit Card Billing Address (if different than home address):  
\_\_\_\_\_

**Print Form and Register Via:**

**Tel:** 908-789-3398

**Fax:** 908-789-0727

**Mail:** NJ League for Nursing, P.O. Box 165, Garwood, NJ 07027